

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007052

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1139

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1

2 0250

3

4 1

5 1

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8 2

9 170X

10

11

12 68-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF
MEDICAL CERTIFICATION
William R. Brown

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

Length of stay in 1b
6 Mo.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Trinity Lutheran

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clinton

c. CITY OR TOWN Plattsburg

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First Middle Last
VELMA STIPE

4. DATE OF DEATH
Month Day Year
2 - 20 - 1963

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
10-11-1898 64

9. AGE (last birthday)
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
Home Edgerton, Missouri

11. BIRTHPLACE (City and state or country)
USA

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Robert L. Jones

13b. MOTHER'S MAIDEN NAME

Clara Lawrence

14. NAME OF HUSBAND OR WIFE

Robert W. Stipe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Robert W. Stipe, Plattsburg, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Broncho pneumonia

INTERVAL BETWEEN ONSET AND DEATH
48-72 HR.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebral metastasis

6 mo.

DUE TO (c)

Carcinoma of Breast

4 yr.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Cerebral Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Oct. 1962 to Feb 19, 1963 and last saw her alive on Feb 19, 1963
Death occurred at 2 a. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

William R. Brown M.D.

22b. ADDRESS

4501 Mission Rd., P.V. Ks.

22c. DATE SIGNED

20 Feb 63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

2-22-1963

23c. NAME OF CEMETERY OR CREMATORY

Dearborn Cemetery

23d. LOCATION (City, town, or county)

Dearborn, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Vaughn Aufranc Funeral Home

25. DATE RECD. BY LOCAL REG.

2-20-63

26. REGISTRAR'S SIGNATURE

Ruth Long

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Brown
7501 Mission Rd.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W.R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.